



# ICD-10 Clinical and Policy Update



Presentation to: Providers, Trading Partners and Billing Firms

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# Mission

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

*We are dedicated to A Healthy Georgia.*

# Topics for Discussion

- ICD-10 Basics
- Clinical/Policy Updates
- Subsequent vs. Sequela Visits
- Specified vs. Unspecified
- Split Claims Billing
- ICD-10 Claims Processing
- ICD-10 FAQs
- ICD-10 Reminders
- ICD-10 Fast Approaching
- Resources
- Questions & Comments



# ICD-10 Basics

# Countdown to ICD-10

188 days until **ICD-10** is here!

# Understand ICD-10

- **Understanding background information makes transitioning easier**
  - Acknowledge the necessity for ICD-10
  - Recognize the risks of non-compliance
  - Recognize the benefits that come with transitioning and compliance
  - Learn the differences between ICD-9 and ICD-10
  - Learn who needs to transition to ICD-10

# ICD-10 Facts

- For dates of services rendered on or after October 1, 2014
  - All claims must use ICD-10 codes
  - All claims using ICD-9 codes will NOT be accepted
- For dates of services rendered before October 1, 2014
  - All claims must use ICD-9 codes
- **Systems must accommodate BOTH ICD-9 and ICD-10 codes**
  - Effective with the October 1, 2014, compliance date
- **Significant Code Increase from ICD-9**
  - *Increasing from 13,000 to approximately 68,000 ICD-10-CM codes*
  - *Increasing from 3,000 to approximately 87,000 ICD-10-PCS codes*
  - *ICD-10 has more than nine times the codes in ICD-9*
- ICD-10 has no direct impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS)



# Your ICD-10 Responsibility

- If you are a physician or other health care professional, you are responsible for using the correct ICD-10 codes on your claims.
- If you carry out the physician's or other health care professional's orders, you are responsible for obtaining the correct ICD-10 codes from the health care professional before filing your claims.
- Billers/Coders do not determine the most appropriate ICD-10 codes.



# Process and Procedures

- **Workflow within your organization is subject to change with the implementation of ICD-10.**
  - Crosswalk your most commonly used ICD-9 codes to ICD-10 codes
    - General Equivalence Mappings (GEMs)
    - Superbills
    - ICD-10 Code Books
  - Understand how ICD-10 affects your position within your organization
    - Continue training on new processes, codes and forms
    - Research resources
  - Streamline processes
    - Analyze workflows and productivity

# ICD-10 Code Structure

- **Codes consist of 3 to 7 characters**
  - 1st character is always alpha
  - Character 2 is always numeric
  - Characters 3 - 7 can be alpha or numeric
  - Decimal placed after the third character
  - Alpha characters are not case sensitive
  - All letters used except "U"
  - 7th character extension (can be alpha or numeric)



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# Clinical/Policy Updates

# ICD-10 Policy Updates

- The new 1500 (professional) claim form (version 02/12) will be updated in the April 1 manuals. The previous version of the 1500 (professional) claim form will not be accepted in Georgia Medicaid Management Information System (GAMMIS) effective April 1, 2014.
- DCH will publish an ICD-10 Overview Appendix on April 1, 2014, that will note some policy changes related to the ICD-10 transition on October 1, 2014, including the use of unlisted, unspecified and nonspecific codes.
- [The next several slides provide a view of some of the ICD -10 changes.](#)

# ICD-9 vs. ICD-10 Code Examples

## ICD-9-CM-Diagnosis Codes

- 725 Polymyalgia Rheumatica
- 250.53 Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled



## ICD-10-CM-Diagnosis Codes

- M35.3 Polymyalgia Rheumatica
- E10.311 =Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- E10.319 =Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
- E10.321 =Type 1 diabetes mellitus with mild non proliferative diabetic retinopathy with macular edema
- E10.329 =Type 1 diabetes mellitus with mild non proliferative diabetic retinopathy without macular edema...add'l codes as well



# Hospital Procedure Codes

## ICD-9-CM-PCS Codes

- 01.23 Reopening Craniotomy Site 
- 12.12 – Other Iridotomy 

## ICD-10-PCS Codes

- 0WJ10ZZ – Inspection of Cranial Cavity – Open approach
- 089C30Z – Drainage of Right Iris with Drainage Device Percutaneous Approach
- 089C3ZZ – Drainage of Right Iris Percutaneous Approach
- 089D30Z – Drainage of Left Iris with Drainage Device Percutaneous Approach... **add'l codes as well**

# ICD-10 and Patient Care

- **Transitioning to ICD-10**
  - Should not affect the way you provide patient care
- **Specificity and Documentation are vital in ICD-10**
  - Look at the codes used most often in your practice
  - Most of the information needed for documentation is likely shared by the patient during your visit with them
  - Improving how you document your clinical services will help you become accustomed to the specific, detailed clinical documentation needed to assign ICD-10 codes
  - Work with your coding staff to determine if the documentation is detailed and specific enough to select the most appropriate ICD-10 codes
  - Identify and obtain the training needed for you and others in your practice
  - Good documentation will help to reduce the need to follow up on submitted claims – saving you time and money





# Differences Between Subsequent & Sequela Visits

# Subsequent Codes vs. Sequela Codes

- **Subsequent Codes**
  - A subsequent visit is any encounter beyond the initial visit for the same diagnosis.
- **Sequela Codes (Late Effect)**
  - A sequela is the residual effect (condition produced [by]) the acute phase of an illness or injury. There is no limit on the sequela codes that can be used. The residual may be apparent early or it may occur months or years later such as that due to previous injury. Coding of sequela generally requires two codes sequenced in the following order.
    - The condition or nature of the sequela [illness or injury that caused the sequela] is sequenced first.
    - The sequela code is sequenced second.

Sources: <http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD10SmallandMediumPractices508.pdf>



# Subsequent vs. Sequela Code Examples

- **Subsequent Code Examples:**
  - **Initial:**
    - S82.821A -- Torus fracture of lower end of right fibula, initial encounter for closed fracture
  - **Subsequent:**
    - S82.821G -- Torus fracture of lower end of right fibula, subsequent encounter for fracture with delayed healing
- **Sequela Codes (Late Effect) Examples:**
  - **Initial:**
    - I63.031A -- Cerebral infarction due to thrombosis of right carotid artery
  - **Immediate sequela:**
    - I69.320S -- Aphasia following cerebral infarction
  - **Immediate and Late sequela:**
    - I69.352S -- Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side





# Specified vs. Unspecified

# Specified Codes

- The question Providers should ask themselves about the code:
  - *“Does the code reflect as accurately and precisely as possible the patient’s condition or the services performed to maintain or improve that condition?”*
- Please keep in mind:
  - The use of codes with a greater number of characters does not necessarily provide greater specificity. Example...
    - Some codes that are only 3 characters are very specific while some that are 7 characters are very vague.
      - A91- *Denque hemorrhagic fever*
      - T75.89XD- *Other specified effects of external causes, subsequent encounter*
  - Always choose the most specific code possible for each encounter
  - Be sure to document the side of the body involved or document that it is bilateral, if applicable

# Specified vs. Unspecified Examples

## ICD-9-CM Code

- 808.3-Open fracture of pubis



## ICD-10-CM Codes

- S32.511B-Fracture of superior rim of right pubis, initial encounter for open fracture
- S32.512B-Fracture of superior rim of left pubis, initial encounter for open fracture
- S32.591B-Other specified fracture of right pubis, initial encounter for open fracture.. **add'l codes as well**

CODES ARE: **COVERED BY DCH**

The **ICD-10** book maps 808.3 to the codes indicated on the right, in addition to others.



# Specified vs. Unspecified Examples

## ICD-9-CM Code

- 808.3-Open fracture of pubis



## ICD-10-CM Codes

- S32.501B-Unspecified fracture of right pubis, initial encounter for open fracture
- S32.502B-Unspecified fracture of left pubis, initial encounter for open fracture
- S32.509B-Unspecified fracture of unspecified pubis, initial encounter for open fracture .

The **GEMs tool** maps to the codes indicated on the right.

CODES ARE: **NOT COVERED BY DCH**



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# Split Claims Billing

# Claims that Span the ICD-10 Implementation Date

- **Community Mental Health Clinics** -- Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 and later. **(Bill type 76x)**
- **Inpatient Hospitals** -- If the hospital claim has a discharge and/or through date on or after 10/1/14, then the entire claim is billed using ICD-10. **(Bill type 11x)**
- **Inpatient Part B Hospital Services** -- Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 and later. **(Bill type 12x)**
- **Outpatient** -- Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 and later. **(Bill type 13x)**





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# ICD-10 Claims Processing

*What you must know...*

# ICD-10 Claims Processing

- To process ICD-10 claims or other transactions electronically, providers, payers, and vendors must first implement the “Version 5010” health care transaction standards mandated by HIPAA. The previous HIPAA “Version 4010/4010A1” transaction standards do not support the ICD-10 codes. This implementation was effective January 1, 2012.
- ICD-10 diagnosis (CM) and procedure (PCS) codes are required on all inpatient stays (admission) with discharge dates on or after October 1, 2014. With the ICD-10 transition on or after October 1, 2014, inpatient (admission) claims will be adjudicated based on the patient’s discharge date using ICD-10 CM and PCS codes.



# ICD-10 Claims Processing

- Claims submitted for payment with both ICD-9 and ICD-10 (CM or PCS) codes will not be adjudicated in GAMMIS on or after October 1, 2014, and will be denied. Claims with span dates of services rendered prior to September 30, 2014, on or after October 1, 2014, must be submitted on separate claims. The split (separate) claims must be billed with the appropriate ICD-9 or ICD-10 codes.
- During the ICD-10 transition on and after October 1, 2014, both code sets (ICD-9 and ICD-10) will be supported in GAMMIS for claim processing and adjustments. Any software vendors that provide business intelligence solutions should support both code sets, ICD-9 and ICD-10 codes, simultaneously during the transition.



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# ICD-10 FAQs

# ICD-10 FAQs

**Q: Do we have to wait until October 1, 2014, to start using ICD-10 codes?**

**A:** Yes. Providers, payers, trading partners and clearinghouses will not be able to process claims using ICD-10 codes until the mandated compliance date of October 1, 2014. However, DCH strongly recommends that you conduct both internal and external testing with your trading partners and payers using ICD-10 code sets before the October 1, 2014, compliance date.

**Q: What is the appropriate timeline to start ICD-10 training?**

**A:** The ICD-10 Project Team recommends that you begin your staff's ICD-10 training as soon as possible. The transition to ICD-10 is a major undertaking for providers, payers and vendors. The transition to ICD-10 will drive business and system changes throughout the health care industry, from large national health plans to small provider offices, laboratories, medical testing centers and hospitals. Training needs will vary for different organizations.



# ICD-10 FAQs

**Q: What is meant by “crosswalk” from ICD-9 to ICD-10 codes?**

**A:** CMS and DCH refer to crosswalking as the act of mapping or translating a code in one code set to a code or codes in another code set. Crosswalking between ICD-9 and ICD-10 should be done on all codes currently used by your practice. This process will be valuable during the transition to ICD-10. It will also be instructional in identifying the differences between ICD-9 and ICD-10 codes.

**Q: When changing the ICD code during billing is there a step-by-step process we should use or are providers able to go in and make a change?**

**A:** The billing of diagnosis and procedures codes is supported by the physician’s documentation in the patient’s medical record. If there is doubt about which ICD code to choose, the coder or biller should clarify with the physician that the documentation needs to be succinct, descriptive and complete to support any changing of codes.

# ICD-10 FAQs

**Q: Will there be changes to ICD-9 codes for 2014?**

**A:** CMS is limiting the number of changes to the ICD-9 codes since the focus is now on the ICD-10 codes.

**Q: Are there certain ICD-10 codes that Medicaid anticipates not accepting?**

**A:** There are some ICD-10 diagnosis codes that may not be accepted by Georgia Medicaid -- for example, certain unspecified codes when there is a more specific ICD-10 diagnosis code that can be billed. With the increased specificity and number of available ICD-10 codes, the physicians' documentation needs to support the ICD-10 diagnosis code.



# ICD-10 Reminders

# Please keep the following in mind

- The ICD-10-CM replaces the ICD-9-CM diagnosis codes (volumes 1-2) and ICD-10-PCS replaces the ICD-9-CM procedure codes (volume 3).
- The Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes are not affected by ICD-10 and are not changing.
- There is no transition period to use either ICD-9 or ICD-10 codes.
  - If the date of service on a claim is before October 1, 2014, and contains ICD-9 codes, then the claim will be accepted for payment. If the date of service is after October 1, 2014, with ICD-9 codes, then this claim will be rejected.
- It is mandatory that you wait until October 1, 2014, to start using ICD-10 codes.
  - Providers, trading partners and clearinghouses will not be able to process claims using ICD-10 codes until the compliance date of October 1, 2014.

# More ICD-10 Reminders

- Important to have a new/current 2014 ICD-10 coding references in the office.
- Read manuals or join ICD-10 national web sites for:
  - Updates in codes
  - Changes in policy
  - Clinical coding examples
- Diagnose patients based on the presented condition. Documentation is key.
- Expansion of ICD-10-CM diagnosis codes with increased specificity.
- The use of specified codes versus non-specified codes.
  - Not all non-specified codes will be accepted/mapped in Georgia Medicaid's Reference System.
- The difference between sequela and subsequent and when to use.
- ICD-10-PCS codes are very specific descriptors for procedures rendered in the inpatient setting only.





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# ICD-10...*Fast Approaching*

# DCH and the Transition to ICD-10

- DCH is on track for October 1, 2014, compliance
  - Phases of implementation
    - Awareness, Assessment, Remediation, Testing, Transition
  - Status as of March 2014
    - Awareness – *ongoing*
    - Assessment – *completed*
    - Remediation – *necessary changes to our affected policies, processes and systems are underway*
    - Testing – *verifying and validating the ICD-10 changes as completed in Remediation...underway*
    - Transition – *not started*

# DCH & ICD-10 External Testing

- Internal Testing Underway
- External Testing
  - Testing with Georgia Medicaid
    - Trading Partners and Billing Services
      - Currently underway
    - Providers
      - Currently underway
  - To become a test site, email your interest to [icd10project@dch.ga.gov](mailto:icd10project@dch.ga.gov)



# Resources

# CMS ICD-10 Checklists

- CMS has created ICD-10 Checklists to assist your organization with overall ICD-10 compliance.
  - [Large Practices](#)
  - [Small and Medium Practices](#)
  - [Small Hospitals](#)
  - [Payers](#)

*[Source: www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10)*



# ICD-10 Training Resources



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# ICD-10 Resources

- Centers for Medicare & Medicaid Services (CMS)  
CMS Overview
  - CMS ICD-10 Implementation Planning Guides/Checklist
  - HHS, CMS ICD-10 Final Rule
  - CMS, HHS Complete list of code sets for ICD-10-CM and ICD-10-PCS; Final Rule and Official ICD-10-CM Guidelines
  - [www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10)
- World Health Organization (WHO) ICD-10 Page
  - <http://www.who.int/classifications/icd/en/>



# More ICD-10 Resources

- DCH Resources
  - DCH Website for ICD-10 Webinars/Downloads  
<http://dch.georgia.gov/it-events>
  - DCH ICD-10 FAQs & Fact Sheet  
<http://dch.georgia.gov/icd-10>
  - DCH Provider Resources  
<http://dch.georgia.gov/providers>
  - ICD-10: A Four Part Series (Video)  
<http://dch.georgia.gov/sorh-publications-and-presentations>
- HP Enterprise Services Statewide Workshops
  - Check Georgia <http://mmis.georgia.gov> for future ICD-10 workshops



# Upcoming ICD-10 Webinars

## Register Now

**April 8, 2014:** Surviving ICD-10: Tools and Tips for Transitioning

**April 24, 2014:** ICD-10 Case Studies

**June 10, 2014:** Repeat: Roadmap ICD-10 Emergency Tool Kit and Open Discussion

**June 26, 2014:** ICD-10 Essentials

To register for the above webinars: Visit <http://dch.georgia.gov/it-events>

- Each webinar is scheduled for up to one hour, 10:30 – 11:30 a.m. ET.
- Unless otherwise noted, all webinars are targeted to Providers and Trading Partners.
  - Please be advised that webinar dates and times are subject to change.

# Contact Us

- Join us as an ICD-10 Beta Test Site, email us at
  - [icd10project@dch.ga.gov](mailto:icd10project@dch.ga.gov)
- Join our mailing list at
  - [AskDCH@dch.ga.gov](mailto:AskDCH@dch.ga.gov) for ICD-10 events and updates
- We welcome your questions and comments at
  - [icd10project@dch.ga.gov](mailto:icd10project@dch.ga.gov)



# Questions & Comments

## Use the WebEx Q&A Feature

- Questions submitted will be answered via email within 4-6 business days of this event.
- Or you may email us at [icd10project@dch.ga.gov](mailto:icd10project@dch.ga.gov)
- This presentation will be posted within 2 business days at <http://dch.georgia.gov/it-events>

# Thank You

